MISSOURI DEPARTMENT OF REVENUE
**AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL INFORMATION**

FORM
8821
(REV. 11-2004)

I, _____ , authorize and request the Missouri Department of Revenue, to release confidential tax records

pertaining to _____ for the tax reporting period(s): _____

I request these records for:

Tax ID Number

☐ Corporate Income /
Franchise Tax   _____

☐ Employer Withholding Tax _____

☐ Individual Income Tax   _____
(List Social Security Number
under Tax I.D. Number)

Tax ID Number

☐ Sales/Use Tax   _____

☐ Motor Fuel Tax   _____

☐ Financial Institution Tax _____

☐ Other _____   _____

The record should be:

☐ Made available for use by me or the specified agent on the 3rd Floor, Truman Building, Jefferson City, Missouri.

☐ Photocopied and copies forwarded to me at: Street: _____

City, State, Zip: _____

☐ Photocopied and copies forwarded to the agent specified below.

I SPECIFICALLY AUTHORIZE THE FOLLOWING AGENT TO EXAMINE THE ABOVE IDENTIFIED CONFIDENTIAL TAX RECORDS.

NAME	TITLE	SSN
STREET ADDRESS	PHONE	
CITY, STATE, ZIP CODE		

**(COMPLETE THIS SECTION IF REQUESTING CONFIDENTIAL TAX RECORDS
FOR A BUSINESS, CORPORATION, S CORPORATION, OR PARTNERSHIP)**

I am authorized to sign this document as an officer, partner or owner of the corporation or business. This authorization shall be effective this date and shall expire on _____ , or until terminated by the undersigned.

For sales tax records only — The Director of Revenue may charge not more than fifty dollars per day for use of facilities within the Division or charge not more than one dollar per page for photocopies of confidential records to defray costs incurred.

The Director of Revenue and Department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo or any other applicable confidentiality statute.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE OWNER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.

OWNER/OFFICER SIGNATURE	DATE	PHONE NUMBER
TITLE	SSN	

PLEASE SEND COMPLETED FORM TO

Corporate Income / Franchise Tax	**Individual Income Tax**	**All Other Taxes**
Missouri Department of Revenue	Missouri Department of Revenue	Missouri Department of Revenue
Business Tax	Personal Tax	Accounting Services
P.O. Box 3365	P.O. Box 2200	P.O. Box 3022
Jefferson City, MO 65105-3365	Jefferson City, MO 65105-2200	Jefferson City, MO 65105-3022

MO 860-0638 (11-2004)   **This publication is available upon request in alternative accessible format(s).**